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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076

Expires: May 31, 2005

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SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					
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Name of Offering (□ check	if this is an	amendment and name	e has changed	l, and indi	cate change.)			
Promissory Not	es							DDO -
Filing Under (Check box(es)	hat apply):	□ Rule 504	☐ Rule 5	05	⊠ Rule 506	☐ Section 4(6)	□ ULOE	MUCESCEN
Type of Filing:	⊠ New	Filing	☐ Amen	dment				
		A	. BASIC	IDEN	TIFICATION	DATA		AUG 11 2001
1. Enter the information reque	sted about th	ne issuer						2007
Name of Issuer (☐ check if the	is is an amer	ndment and name has	changed, and	d indicate	change.)			THOMSON Z
Beacon Square	Profession	al Campus, LLC						MYANCIAL C
Address of Executive Office c/o Global of Boca, LLC	•			FL 3332	6		Telephone Nu (954) 514-004	mber (Including Area Code)
Address of Principal Busine	ss Operation	s (if different from E	xecutive Offi	ices) (Nun	nber and Street, City,	State, Zip Code)	Telephone Nu	mber (including Area Code)
Brief Description of Business Real Estate								
Type of Business Organizatio ☐ corporation ☐ business trust	🗖 limite	d partnership, alread d partnership, to be f			⊠ oti	her (please specify: Lin	nited Liability Co	ompany
Actual or Estimated Date of I	ncorporation	or Organization:	Month	Year 03	□ Actual	☐ Estimated		
Jurisdiction of Incorporation					Service abbreviation (foreign jurisdiction)	for State: F	<u>L</u>	
GENERAL INSTRUCTION	is							

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This Notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or
Full Name (Last name first,	if individual)				Managing Partner
Global of Boca,	LLC				
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
1545 N. Park D Check Box(es) that Apply:	rive, Suite 104,	Weston FL 33326 ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,					Managing Partner
Business or Residence Addr		treet City State 7:- Code)			
——————————————————————————————————————	ess (Number and S				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first,	if individual)				manying 1 at and
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Full Name (Last name first,	if individual)				Managing Partner
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,	if individual)		·		Managing Partner
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			<u> </u>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,	if individual)		****	<u> </u>	Managing Partner
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
Full Name (Last name first,	if individual)				Managing Partner
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,	if individual)				Managing Partner
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first,	if individual)				ivianaging rartier
Dustrace or Paris	an Ölerete 10	Ch. C. 7: 0 1			
business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)			

Check Box(es)	that Apply:	☐ Promo	ter	☐ Benefic	ial Owner	□ Ex	ecutive Offi	cer	☐ Director		eneral and/or anaging Par	
Full Name (La	st name first,	if individua	al)							141	anaging rai	uici
Business or Re	sidence Add	ress (Numbe	er and Str	eet, City, St	ate, Zip Cod	e)			· .			
		,										
			(Use bla	nk sheet, or	copy and us	e additional	copies of thi	s sheet, as 1	necessary)			
				B. INF	ORMAT	ION ABO	UT OFF	ERING		_		
. Has ti	he issuer sold, Answer	or does the is also in Appen	suer intend dix, Colur	i to sell, to no nn 2, if filing	n-accredited i under ULOE.	nvestors in the	s offering?				Yes	No 区
												<u>NA</u>
. Does	the offering pe	ermit joint ow	mership of	a single unit?							Yes ⊠	No
Enter for so or dea assoc	the information licitation of puter registered lated persons of	on requested for sirchasers in convith the SEC of such a brok	or each per onnection and/or with er or deale	rson who has with sales of s th a state or st er, you may se	been or will be securities in the ates, list the n t forth the info	e paid or give le offering. If ame of the bro ormation for the	n, directly or a a person to be ker or dealer hat broker or o	ndirectly, an listed is an If more than lealer only.	y commission of associated person five (5) person	or similar remon or agent of ons to be listed	uneration a broker are	
ull Name (Last									•	_		
Business or Resi	dence Address	(Number and	Street, C	ity, State, Zip	Code)							
Name of Associa	ted Broker or	Dealer			·							
tates in Which												
(Chec	k "All States"	or check indi	vidual Sta	tes)					☐ All States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ΙD
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA
[RI] Full Name (Last	[SC]	[SD]	[TN]	[TX]	[UT]	[VT] 	[VA]	[WA]	[WV]	[WI]	[WY]	[PR
Business or Resi			1 Street C	ity State Zin	Code							
ousiliess of Kesi	delice Address	(Number and	ı succi, C	ity, State, Zip	Code)							
Name of Associa	ited Broker or	Dealer					-					
States in Which									☐ All States			
(Chec	ck "All States"	or check indi	ividuai Sta						□ All States			
	AK] [A		AR]		[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	•		KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
		•	NH]	ונאן	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] [SC] [S	SD] [TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ull Name (Last	name first, if i	ndividual)		·		<u> </u>						
Business or Resi	dence Address	(Number and	d Street, C	ity, State, Zip	Code)							
Name of Associa	ated Broker or	Dealer									<u>,</u>	
States in Which	Person Listed	Has Solicited	or Intends	to Solicit Pur	chasers			· 				
(Che	ck "All States"	or check indi	ividual Sta	tes)					☐ All States			
[AL] [AK] [/	4Z] [.	AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[N]	[A] [KSJ	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	NE] [NV) [NHJ	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] [SC] [S	SD] [TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

		Enter the aggregate offering price of securities included in this offering and the total amount alread	y sold.	
		Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box indicate in the columns below the amounts of the securities offered for exchange and already exchange.		
Гуре	of Security		Aggregate Offering Price	Amount Alread Sold
	Debt		\$ <u>3,200,000</u>	\$ <u>1,700,000</u>
	Equity		\$ <u>-0-</u>	\$0
		☐ Common ☐ Preferred		
	Partnership In	ecurities (including warrants)	\$0- \$0- \$0-	\$ <u>-0-</u> \$ <u>-0-</u> \$ <u>-0-</u>
		Total	\$ 3,200,000	\$ <u>1,700,000</u>
		Answer also in Appendix, Column 3, if filing under ULOE.		
2.	dollar amount	ber of accredited and non-accredited investors who have purchased securities in this offering and the aggregate s of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
		vestorsd Investors		\$ <u>1,700,000</u> \$ <u>-0-</u>
		Total (for filings under Rule 504 only)		\$
		Answer also in Appendix, Column 4, if filing under ULOE	•	•
3 .	date, in offerin	for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to ngs of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering ities by type listed in Part C - Question 1.	Type of Security	Dollar Amount Sold
	Type of Offeri	ng	,	
	Rule 505 Regulation A Rule 504			\$ \$ \$
		Total		\$

l.a.	Furnish a statement of all expenses in connection with the issuance and distribution of amounts relating solely to organization expenses of the issuer. The information may If tile amount of an expenditure is not known, furnish an estimate and check the box	be given as subject to future continger			
	Transfer Agent's Fees			⊠ \$	
	Printing and Engraving Cost	·		⋉ \$	
	Legal Fees			⊠ \$ 25,000	
	Accounting Fees			⊠ \$	
	Engineering Fees			⊠ \$	
	Sales Commissions (specify finders' fees separately)			⊠ \$	
	Other Expenses (identify)			⊠ \$	
	Finder's Fee			⊠ \$	
	Miscellaneous Expenses			⊠ \$	
	Total			⋈ \$ <u>25,000</u>	
b. 5.	Enter the difference between the aggregate offering price given in response to Part C furnished in response to Part C - Question 4.a. This difference is the "adjusted gross Indicate below the amount of the adjusted gross proceeds to the issuer used or propose	proceeds to the issuer."		\$ 3,175,000	
	shown. If the amount for any purpose is not known, furnish an estimate and check the total of the payments listed must equal the adjusted gross proceeds to the issuer squestion 4.b above.	he box to the left of the estimate.	Payments to Officers, Directors, & Affiliates	Payments To Others	
	Salaries and Fees		図\$	⊠\$	
	Purchases of real estate		⊠\$	⊠\$ <u>3,175,000</u>	
	Purchase, rental or leasing and installation of machinery and equipment		図\$	⊠\$	
	Construction or leasing of plant buildings and facilities		図\$	⊠\$	
	Acquisition of other businesses (including the value of securities involved in this offer in exchange for the assets or securities of another issuer pursuant to a merger)		区\$	⊠\$	
	Repayment of Indebtedness		図\$	図\$	
	Working Capital		図\$	⊠\$	
	Other (specify):			× \$	X §
	Column Totals		図\$	⊠\$	
	Total Payments Listed (column totals added)		⊠ \$ <u>3.</u>	175,000	
	D. FEDERAL S	SIGNATURE			
unde	issuer has duly caused this notice to be signed by the undersigned duly authorized persontaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon edited investor pursuant to paragraph (b)(2) of Rule 502.				
В	eacon Square Professional Campus, LLC	Signature	Date Augus	t 2, 2004	
	lobal of Boca, LLC, as its Managing Member By: David Ortiz	Title of Signer (Print or Type) Manna C. Michael Authorized Person	Bryon	Chri	
	ATTEN Intentional misstatements or omissions of fact constitut		See 18 U.S.	C. 1001.)	